

In re the application of: Alfred E. Mann et al.

Serial No.: 09/334,858

Filed: June 16, 1999

For: EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR,  
AND/OR VIBRATION ALARM CAPABILITIESASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application; and  
Return postcard.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	89	MINUS 146	=	-0-	x 9	\$	OR	x 18	\$-0-
INDEP CLAIMS	9	MINUS 12	=	-0-	x 39	\$	OR	x 78	\$-0-
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+135	\$__	OR	+270	\$__	
				TOTAL	\$	OR	TOTAL	\$-0-	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Paul H. Kovelman

Registration No. 35,228

MEDTRONIC MINIMED, INC.

18000 Devonshire Street

Northridge, CA 91325-1219

Telephone (818) 576-5313 / Facsimile (818) 576-6202